

Written comments submitted to the Department of Health Care Services (DHCS)  
Regarding the Transfer of Medi-Cal Related Specialty Mental Health Services to DHCS

Comments received August 11, through August 23, 2011

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*Note: In some cases, DHCS has edited the responses to explain the acronym used by the writer, or to remove personally-identifying information; spelling, punctuation and grammar have not been adjusted. Specific references to the writer's organization have not been removed.*

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*"8.19.11 DHCS Transition Plan for the Transfer of Specialty Mental Health Services Page 22*

*DHCS's listing of any item does not imply that stakeholders had consensus on the recommendation or that this list is exhaustive. With the exception of "stakeholder participation", these items require analysis before DHCS is able to determine whether it can implement the recommendations and develop a timeline to do so. Without this analysis, DHCS is not yet able to identify the programmatic and fiscal impacts of these proposed changes or efficiencies.*

**Improve Business Practices**

- *Maximize the ability to claim federal funds*
- *Remove reimbursement ceiling*
- *Ensure reimbursement during periods of no budget*
- *Facilitate school-based claiming*
- *Reduce the time to process reimbursements*
- *Streamline cost reporting and settlement process*
- *Eliminate redundancies in the provider certification process*
- *Facilitate same day billing for mental health and physical health care services*
- *Integrate audits*
- *Integrate IT systems where appropriate*

*There is great interest in streamlining business processes to reduce adverse impact on providers and counties; removing restrictions that limit reimbursement for mental health services or limit providers' ability to deliver services. This list is not exhaustive. "*

Will Avatar continue be used as the claiming/billing system for most counties, Sacramento County, in particular? Providers have to devote a significant amount of staff resources to work reports to ensure claims are valid. Still claiming involves errors that result in disallowed claims and recoupment. It would be helpful to research a more efficient and effective system to increase the percentage of valid and reimbursed claims and preserve providers resources for direct service to families.

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I am writing about some concerns that our Client Council here in San Francisco have regarding this transition.

1. The transfer from Mental Health to the Department of Health Care Services be as smooth as possible without any process gaps or billing denial.

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2. That the administration and all staff are familiar with the concept of recovery from mental health.
3. That we who have lived experience not be ignored.
4. And not to confuse the medical model of treatment with that of the recovery model and maintain the four principles of the MHSA.

Back in 2010, there was a bill introduced in the Assembly that called for the possible billable DHCS-approved Chronic Disease Self-Management Program (CDSMP) for medi-cal edilibs clients to be educated on self managing their cronic health problems. Following is the bill history and results. [editor note: refer to AB 1606, Coto] It never got out of the Assembly Appropriations committee before last cycle ended. This was a very good idea and needs to be re-looked at and re-authored. This would be beneficial to clients on medi-cal and a futher funding source for the DHCS.

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On behalf of the California Association of Marriage & Family Therapists ("CAMFT"), we would like to indicate our support for the transition of the Department of Mental Health ("DMH") to the Department of Health Care Services ("DHCS"). CAMFT is an organization representing 30,000 members throughout California and is dedicated to advancing the profession and upholding the qualifications of the profession.

CAMFT is hopeful that such transition will result in the more efficient delivery of mental health services to California's citizens. We would also like to remind DHCS that Marriage and Family Therapists (MFTs) have played a vital role in delivering Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services to consumers throughout the state, and we desire to continue providing these valuable services. Consequently, as the transition occurs over the coming months, we are requesting that MFTs continue to be utilized as providers of EPSDT services.

Additionally, we would like to initiate a dialogue with DHCS about increasing opportunities for Master's level counselors within the mental health system. Such a change could improve the delivery of mental health services and save the State of California millions of dollars.

Thank you for your time and attention to this matter.

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